

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11523

M

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH

County

Baltimore

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

a few days

Hospital, institution, or street address where death occurred:

West & Park Avenue, Step

How long in hospital or institution?

3rd hour

3. (a) FULL NAME

Harmon Vester Bowes

Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Bowes

7. Birth date

deceased

April 1, 1894

Year

1894

Month

April

Day

1

If less than one day

hrs.

0

min.

0

8. AGE:

54

Years

7

Months

6

Days

0

If less than one day

hrs.

0

min.

0

9. Place

Town, county, and state

Baltimore

10. Usual occupation

Construction worker

or



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11524

93d

Reg. Dist. No. 2020

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

West Burton RR (Big Woods)

(If outside city or town limits, write RURAL and give nearest town)

City or town.....

Twp.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Rosie J. Chamberos

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

Female and married

6. (b) Name of husband or wife.....

James Chamberos

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

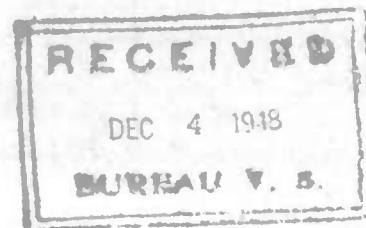
(Accurately)

1861

6. (c) If alive, give age..... years

65

1945
1945
1945
1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a 11525
Reg. Dist. No. 200

1. PLACE OF DEATH:

County.....

City or town.....

Kent
Massey

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary C. Darrell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Widowed

6. (b) Name of husband or wife

Thomas Darrell

7. Birth date of deceased (mo., day, yr.)

Nov 2 1870

8. (c) If alive, give age

years

8. AGE:

Years
98

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Kent Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Alexander Newton

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Henrietta Bayldon

Address

William S. Darrell

17. Burial

Cemetery or crematory

Date thereof
(Burial, cremation, or removal. Which?)
Nov 21 1948

(month)

(day)

(year)

18. Funeral director

Address

Massey Jr. Md.

Elwood F. Clegg

Millington Md.

19. November 20 1948
(Date rec'd by registrar)Edgar Helman
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

City or town.....

Kent

Massey

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

more

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1948 at 2 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17 1948 to Nov 18 1948

and that I last saw her alive on Nov 18 1948

Immediate cause of death

Meningitis

DURATION

6 days

Due to Ch. Gastrointestinal Infection

10 days

Due to an myocarditis

3 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

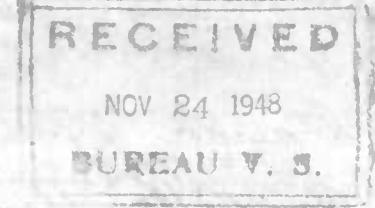
Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed Nov 20 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11526

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

City or town.....

Rock Hall
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

Gratitudes Rd.

How long in hospital or institution?.....

3. (a) FULL NAME

John Wesley Elbourne

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

46.

married

6. (b) Name of husband or wife.....

Sallie Elbourne

7. Birth date of deceased (mo., day, yr.)

Jan 16 1870

6. (c) If alive, give age..... years

8. AGE:

Years
78Months
10Days
9If less than one day
hrs. min.

9. Birthplace.....

Rock Hall, Md.
(Town, county, and state)

10. Usual occupation.....

waterman

11. Industry or business

surf.

12. Name.....

John Elbourne

13. Birthplace.....

Rock Hall, Md.

14. Maiden name.....

Catherine Beulens

15. Birthplace.....

Rock Hall, Md.

16. Informant.....

Mrs. Melvina Elbourne

Address

Rock Hall, Md.

17. Burial, cremation, or removal. Which?.....

Burial

Date thereof.....

Nov 28 1948
(month) (day) (year)

Cemetery or crematory.....

Wesley Chapel Cemetery

Location.....

Rock Hall, Md.

18. Funeral director.....

Edgar L. Lane

Address

Church Hill, Md.

19. Date rec'd by registrar.....

11/28.

1948

S. Elwood Burgess

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Kent

City or town.....

Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Gratitudes Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

November 25 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/25 1948 to 11/25 1948

and that I last saw him alive on 11/25 1948

Immediate cause of death.....

Coronary Thrombosis

Due to.....

Hypertension

Valvular Heart Disease

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

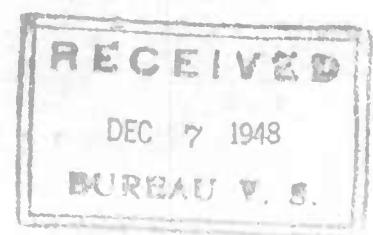
23. SIGNATURE

Albert A. Burgess

M. D. *mother*

Address.....

Rock Hall, Md. Date signed 11/28/48



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11527

1. PLACE OF DEATH

County KentVillage or City near Onaway

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clayton Johnson(a) Residence: No. near Onaway
(Usual place of abode)

No.

Registration Dist. No.

200

St.

Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFEMarian R. Johnson

6. DATE OF BIRTH (month, day, and year)

Feb. 29 1892

7. AGE

Years 56 Months Days If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)MD13. NAME Anthony Johnson14. BIRTHPLACE (city or town)
(State or country)MD15. MAIDEN NAME Sara S. Wooster16. BIRTHPLACE (city or town)
(State or country)Virginia17. INFORMANT Mrs. Marian Johnson

(Address)

near Onaway

18. BURIAL, CREMATION, OR REMOVAL

Place BuriedDate Nov. 8, 194819. UNDERTAKER Onaway Funeral
and Cremation Ser.

(Address)

Onaway, MD20. FILED Nov. 5, 1948

1948

Elva Fellows

Registrar

94a

Registration Dist. No.

200

St.

Ward

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

NOVEMBER 4

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 18, 1947, to Nov 4, 1948, f948I last saw him alive on Nov 4, 1948; death is said
to have occurred on the date stated above, at 3 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Coronary Occlusion

Date of onset

11-4-48

Other Contributory Causes of Importance:

GI upset such
violent retching

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Johnson (Address) Papach M. D.
(Address) Onaway, MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	NOV 9 1948
Run over by street car	WELLS FARGO W. A.

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932
11528

Reg. Dist. No 2.02

1. PLACE OF DEATH: *Gut street*
 County: *Carroll*
 City or town: *Still Pond* (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *all life*
 Hospital, institution, or street address where death occurred: *None*
 How long in hospital or institution?

3. (a) FULL NAME
Levi Jones

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

Never married

8. (b) Name of husband or wife *None*

7. Birth date of deceased (mo., day, yr.) *July 1887*

8. AGE: *61* Years *0* Months *0* Days *If less than one day* *hrs.* *min.*

9. Birthplace *Gut street* *and*
 (Town, county, and state) *Carroll*

10. Usual occupation *Farm labor*

11. Industry or business *Farm*

12. Name *Levi Jones*

13. Birthplace *Gut street* *and*

Carroll

14. Maiden name *Levina Jones*

15. Birthplace *Gut street* *and*

Carroll

16. Informant *Beth Jones*

Address *Gut street* *and*

Carroll

17. Burial Date thereof *Nov. 13, 1948*
 (Burial, cremation, or removal. Which?) *(month) (day) (year)*

Cemetery or crematory *Mt. Zion Cemetery*

Location *Still Pond, Md.*

18. Funeral director *B. R. Fellows*

Address *Still Pond, Md.*

19. Nov. 13, 1948
 (Date rec'd by registrar)

Clara S. Barnes
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (If newborn infant give residence of mother)
 State: *Maryland* County: *Carroll*
 City or town: *Still Pond* (If outside city or town limits, write RURAL and give nearest town)
 Street No. *None* (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (b) Social Security Number *None*

MEDICAL CERTIFICATION
 20. DATE OF DEATH *Nov. 8, 1948*

21. I CERTIFY that death occurred on the date above stated: *I attended deceased from*
Still Pond *and* *death* *occurred* *at* *home* *in* *Still Pond* *and* *death* *occurred* *at* *home*
 Immediate cause of death *Alcoholism* *and* *had* *been* *sick* *for* *4* *years* *and* *death* *occurred* *at* *home*
 Due to *Alcoholism*

Due to: *Alcoholism*

Other conditions: *None*

(Include pregnancy within 3 months of death)

Major findings of operations: *None* Date of op. *None*

Autopsy results: *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *No* Date of: *None*

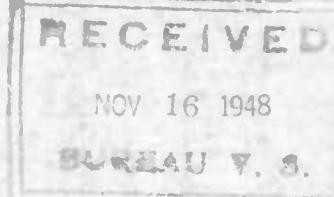
Where did injury occur? *None* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: *None* Injured at work? *No*

23. SIGNATURE *Beth Jones* M. D. or other *None*

Address *None* Date signed *Jan 10/48*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11529

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.

City or town.

Hurst, Md.

Rural, Md.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Colored

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Feb 15 1877

8. AGE:

Year

Month

Days

If less than one day

hrs. min.

8. Birthplace

(Town, county, and state)

Hurst, Md.

10. Usual occupation

Housework

11. Industry or business

Perry Scott, Maryland

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

18. Informant

Address

17. (Burial, cremation, or removal. Which)

Cemetery or crematory

18. Funeral director

Address

19. (Date rec'd by registrar)

Date thereof (month) (day) (year)

Nov. 13 1948

Oliver Hill Cemetery

near Galena, Md.

Edward Teller

Galena, Md.

Nov. 12 1948

Elizabeth J. Murphy

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 10 1948, at 11:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1947 to November 10, 1948
and that I last saw her alive on November 5, 1948

Immediate cause of death

Bronchopneumonia, with

Due to: Weakness + excretions
in bed.

Due to:

Other conditions Arterio Sclerotic heart disease

c. Decapitation ② Arthritis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

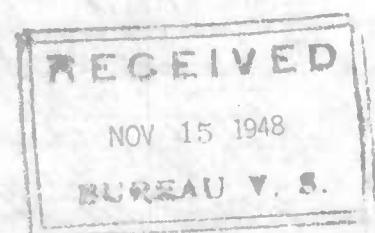
Injured at work?

23. SIGNATURE

M. D. or other

Address

Galena, Md. Date signed 11-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11530

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County

City or town

Kent - Worton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Catherine Linda Meuck

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife Charles Meuck

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age 86 years

8. AGE:

Years

Month

Date

If less than one day

9. Birthplace

Kent, Del. Md.

(Town, county, and state)

10. Usual occupation

Wife

11. Industry or business

Augus. Heiser

12. Name

Pernette

13. Birthplace

Alfonso Rogers

14. Maiden name

Kelt. D. 205

15. Birthplace

Kelt. D. 205

16. Informant

Lelia Meuck

Address

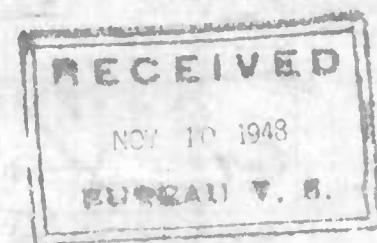
Worton

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof Nov. 9 1948

(month) (day) (year)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11531

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town near Chestertown Rural md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Maywood E Nickerson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female W married

6. (b) Name of husband or wife

Thomas E Nickerson

7. Birth date of deceased (mo., day, yr.)

Sept. 17 1886.6. (c) If alive, give age 61 years

8. AGE:

Years

Months

Days

If less than one day

62

1

14

hrs.

min.

9. Birthplace

Wilmington Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

House

MOTHER FATHER

12. Name Thomas W Mcginnis13. Birthplace Dearborn Co. md.14. Maiden name Ella C Starr15. Birthplace Dearborn Co. md.16. Informant Thomas E NickersonAddress 1 Kennedyville md.17. Burial Date thereof Nov 3 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Methodist Church yardLocation Kennedyville md.18. Funeral director B.R. TrellopsAddress Still Pond md

19. Nov. 2, 1948 Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Kennedyville md
(If outside city or town limits, write RURAL and give nearest town)Street No. main St
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1948 at 5 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 1948 to Nov 1 1948and that I last saw her alive on Nov 1 1948Immediate cause of death ComaDue to Central paralysisDue to Cerebral hemorrhage

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Bumper M. D. or other _____Address Chesapeake Date signed Nov 11 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11532

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County KentCity or town Chestertown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 lifetime

Hospital, Institution, or street address where death occurred:

Kent + Queen Ann HospitalHow long in hospital or Institution? 2 weeks

3. (a) FULL NAME

Salinda Bittenhause Porter4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed7. (b) Name of husband or wife Queen PorterWidowed7. Birth date of deceased (mo., day, yr.) 4-22-1883 6. (c) If alive, give age years8. AGE: Years 65 Months 6 Days 14 If less than one day hrs. min.9. Birthplace Kent County, Maryland
(Town, county, and state)10. Usual occupation Packer in food plant11. Industry or business Site Foods Plant12. Name Bittenhause Bittenhause13. Birthplace Pennsylvania14. Maiden name Wathen Wathen15. Birthplace Kent Co. Md.16. Informant Mrs. Mrs. Clark - SisterAddress Chestertown, Md.17. Burial Chestertown Date thereof 11-8-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ChestertownLocation Chestertown, Maryland18. Funeral director J. Willis WellsAddress Chestertown, Maryland19. Nov 8 1948 Clara L. Barnes
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County KENTCity or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. MILL
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (b) Social Security Number

218-16-6425

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1948 at 40⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15 1948 to Nov 6 1948and that I last saw her alive on Nov 5 1948

Immediate cause of death

Cerebral accident

DURATION

Due to Hypertensionheart conditionDue to DiabetesDiabetesOther conditions (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

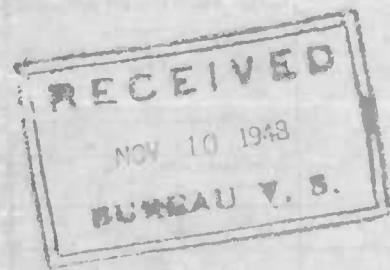
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert A. Bergard M. D. or otherAddress Rock Hall, Md. Date signed 11/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

11533

Reg. Dist. No. 202

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

Still Pond

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 yrs.

Hospital, Institution, or street address where death occurred:

Cedar Valley Farm

How long in hospital or institution?.....

3. (a) FULL NAME

Maida Muldoon Waltin

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

N. V. Waltin

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age.....

67

years

January 7 1888

8. AGE: Years

Months

Days

If less than one day

60

10

1

. hrs. . min.

9. Birthplace.....

Baltimore Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Home

MOTHER FATHER

12. Name.....

Thomas Muldoon

13. Birthplace.....

Richmond Va.

14. Maiden name.....

Elizabeth Black

15. Birthplace.....

Baltimore Md.

16. Informant.....

M. N. V. Waltin (husband)

Address.....

Still Pond, Maryland

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof..... Nov. 11 1948

(month)

(day)

(year)

Cemetery or crematory.....

Maha

Location.....

Maha, Kent Co. Maryland

18. Funeral director.....

Maurice L. Williams

Address.....

Chestertown, Maryland

19. Nov. 10, 1948

(Date rec'd by registrar)

Clara S. Barnes

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Kent

City or town..... Still Pond

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Cedar Valley Farm

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 8 1948 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1

1946

to

Nov. 8, 1948

19

and that I last saw her alive on

Nov. 8, 1948

Immediate cause of death.....

metastatic carcinoma

Due to..... carcinoma of breast.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Robert W. Barr

M. D. or other

Address.....

Chestertown, Md.

Date signed Nov. 11/8/48

3953 -



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11534

FILM NO. G 118 NOV 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: *Street*
County: *Chester Town*
City or town: *Chester Town*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *50 days*
Hospital, Institution, or street address where death occurred:

How long in hospital or institution? *4 days*

3. (a) FULL NAME *W. Clifford Wingard*
4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife: *—*

7. Birth date of deceased (mo., day, yr.) *Dec. 18, 1927* 8. (c) If alive, give age *—* years

8. AGE: Years *20* Months *9* Days *1* If less than one day *—* hrs. *—* min.

9. Birthplace *Laurel, Del.* (Town, county, and state)

10. Usual occupation *Electrical Line Worker*

11. Industry or business *Electrical*

12. Name *W. Clifford Wingard*

13. Birthplace *Laurel, Del.*

14. Maiden name *Willa Wilson*

15. Birthplace *Laurel, Del.*

16. Informant *Ward Cut & Burn Shop*

Address *Chester Town, Md.*

17. Burial *Burial* Date thereof *Nov. 28, 1948*

(Burial, cremation, or removal. Which?)

Cemetery or crematory *Laurel Hill Cem.*

Location *Laurel - Sussex Co. Dela.*

18. Funeral director *J. Willis Wells*

Address *Chestertown, - Md.*

19. *Nov. 22 1948* *Clara L. Barnes.* (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State *Maryland* County *Chester*
City or town *Chester Town*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *—* (If rural, give LOCATION)

2. (a) If veteran, name war: *—*

3. (b) Social Security Number *—*

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 19, 1948* at *11:45 A.M.*

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from *Dec. 18, 1927* to *Nov. 19, 1948* and that I last saw *—* alive on *Nov. 18, 1948*.
Immediate cause of death: *Lacerations*

Due to: *18 hours*

Due to: *An Auto accident*

Other conditions: *—*

(Include pregnancy within 3 months of death) *None*

Major findings of operations: *None* Date of op. *—*

Autopsy results: *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *Nov. 14, 1948*

Where did injury occur? *Chester Town, Md.* (City or town) *Chester* (County) *Delaware* (State)

Injured at home, farm, industry, public place (where?) *Chester High Way*

Means of injury *Auto Accident* Injured at work? *No*

23. SIGNATURE *Clara L. Barnes.* M. D. or other *—*

Address *Chester Town, Md.* Date signed *Nov. 22, 1948*

